

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Oregon Republican Party

ADDRESS (number and street)

Post Office Box 789

☐Check if different  
than previously  
reported. (ACC)

Salem

OR

97308

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00153031

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2005

through

07

31

2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Charles S. Oakes

Signature of Treasurer

Electronically Filed by Charles S. Oakes

Date

12

17

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Oregon Republican Party

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2005</span>		42748.71
(b) Cash on Hand at Beginning of Reporting Period .....	32072.88	
(c) Total Receipts (from Line 19) .....	12881.00	229128.22
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	44953.88	271876.93
7. Total Disbursements (from Line 31) .....	26775.87	253698.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	18178.01	18178.01
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	103372.13	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
Oregon Republican Party

Report Covering the Period:

From:

M M D D Y Y W Y  
0 7 0 1 2 0 0 5

To:

M M D D Y Y W Y  
0 7 3 1 2 0 0 5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1164.00	53561.50
(i) Itemized (use Schedule A) .....	11717.00	124404.93
(ii) Unitemized .....	12881.00	177966.43
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	12881.00	177966.43
12. Transfers From Affiliated/Other Party Committees .....	0.00	17461.16
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	33700.63
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	33700.63
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	12881.00	229128.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12881.00	195427.59

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	1367.88	13280.09
(ii) Non-Federal Share.....	7751.26	74115.11
(b) Other Federal Operating Expenditures.....	425.41	53617.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	9544.55	141012.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	15000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	17231.32	97686.13
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	17231.32	97686.13
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	26775.87	253698.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19024.61	179583.81

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	12881.00	177966.43
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12881.00	177966.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1793.29	66897.68
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1793.29	66897.68

**SCHEDULE L (FEC Form 3X)**

6 / 23

**AGGREGATION PAGE: LEVIN FUNDS**

Transaction ID: SL1

NAME OF COMMITTEE (In Full) Oregon Republican Party		
NAME OF ACCOUNT KEY LEVIN		

  

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
a. Itemized..... (Use Schedule L-A)	0.00	0.00
b. Unitemized.....	0.00	0.00
c. Total.....	0.00	0.00
2. OTHER RECEIPTS.....	0.00	0.00
3. TOTAL RECEIPTS..... (Add Lines 1c and 2)	0.00	0.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
a. Voter Registration.....	0.00	0.00
b. Voter ID.....	0.00	0.00
c. GOTV.....	0.00	0.00
d. Generic Campaign.....	0.00	0.00
e. Total.....	0.00	0.00
5. OTHER DISBURSEMENTS.....	10.75	96.00
6. TOTAL DISBURSEMENTS..... (Add Lines 4e and 5)	10.75	96.00
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	924.75	1010.00
8. RECEIPTS..... (from Line 3)	0.00	0.00
9. SUBTOTAL..... (Add Lines 7 and 8)	924.75	1010.00
10. DISBURSEMENTS..... (From Line 6)	10.75	96.00
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)	914.00	914.00

**SCHEDULE L-B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS  
OF LEVIN FUNDS**Use separate schedule(s)  
for each category of the  
Aggregation PageFOR LINE NUMBER:  
(check only one)

PAGE 7 / 23

<input type="checkbox"/>	4a	<input type="checkbox"/>	4c	<input checked="" type="checkbox"/>	5
<input type="checkbox"/>	4b	<input type="checkbox"/>	4d		

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial) / Full Organization Name

Key Bank\*\*

Mailing Address 1500 Edgewater St NW

City	State	Zip Code
Salem	OR	97304

Purpose of Disbursement  
Bank Fee

Transaction ID: 4B81013.E15225

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	5

Amount of Each Disbursement this Period

10.75
-------

Account: 8

SUBTOTAL of Disbursements This Page (optional) .....

10.75

TOTAL This Period (last page this line number only) .....

10.75

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)

James Curran

Mailing Address 19239 Green Lakes Loop

City

Bend

State

OR

Zip Code

97702-1171

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 0 9 / 2 0 0 5

Transaction ID: 80930.C83913

Amount of Each Receipt this Period

250.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Verda Giustina

Mailing Address 3234 Edendale Ln

City

Eugene

State

OR

Zip Code

97405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 1 9 / 2 0 0 5

Transaction ID: 80930.C84147

Amount of Each Receipt this Period

300.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Wilburn Hall

Mailing Address 711 SE 4th St

City

Newport

State

OR

Zip Code

97365-4337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Fisherman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 5 / 2 0 0 5

Transaction ID: 80930.C84193

Amount of Each Receipt this Period

500.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

1050.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 23

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)

Solomon Yue

Mailing Address 265 50th Ave NW

City

Salem

State

OR

Zip Code

97304-3221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Global Enterprising Co-  
rp

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 6 / 2 0 0 5

Transaction ID: 80930.C84415

Amount of Each Receipt this Period

114.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

114.00

**TOTAL** This Period (last page this line number only) .....

1164.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 23

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Oregon Republican Party

A.

Full Name (Last, First, Middle Initial)

Kelly Fuller

Mailing Address 1025 15th Street NE

City  
Salem

State  
OR

Zip Code  
97301-

Purpose of Disbursement  
Travel OGOP

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 81013.E15226

Date of Disbursement

/   /

Amount of Each Disbursement this Period

425.41

TRAVEL OGOP

SUBTOTAL of Disbursements This Page (optional) .....

425.41

TOTAL This Period (last page this line number only) .....

425.41

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 23

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Michelle Ashenfelter	<b>Transaction ID:</b> 80930.E11646 <b>Date of Disbursement</b>
Mailing Address 2012 NE 15th	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 1 / 2 0 0 5</div> </div>
City Portland State OR Zip Code 97212-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement FEA payroll	<div>1562.89</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>FEA PAYROLL</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Michelle Ashenfelter	<b>Transaction ID:</b> 80930.E11697 <b>Date of Disbursement</b>
Mailing Address 2012 NE 15th	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 5</div> </div>
City Portland State OR Zip Code 97212-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement FEA Payroll	<div>1562.89</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>FEA PAYROLL</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Michelle Ashenfelter	<b>Transaction ID:</b> 80930.E11698 <b>Date of Disbursement</b>
Mailing Address 2012 NE 15th	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 8 / 2 0 0 5</div> </div>
City Portland State OR Zip Code 97212-	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement FEA Payroll	<div>1474.21</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <b>FEA PAYROLL</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**4599.99**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 23

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Key Bank\*\*

Mailing Address 1500 Edgewater St NW

City Salem State OR Zip Code 97304-

Purpose of Disbursement  
FEA payroll taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80930.E11652

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 01 / 2005

Amount of Each Disbursement this Period

1970.52

FEA PAYROLL TAXES

**B.**

Full Name (Last, First, Middle Initial)  
Key Bank\*\*

Mailing Address 1500 Edgewater St NW

City Salem State OR Zip Code 97304-

Purpose of Disbursement  
FEA payroll taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80930.E11702

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 18 / 2005

Amount of Each Disbursement this Period

2635.38

FEA PAYROLL TAXES

**C.**

Full Name (Last, First, Middle Initial)  
Amy Langdon

Mailing Address 2830 Foxhaven Dr SE

City Salem State OR Zip Code 97306-2526

Purpose of Disbursement  
FEA Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 80930.E11645

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 01 / 2005

Amount of Each Disbursement this Period

2069.94

FEA PAYROLL

**SUBTOTAL** of Disbursements This Page (optional) .....

6675.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.**

Full Name (Last, First, Middle Initial)  
Amy Langdon

Mailing Address 2830 Foxhaven Dr SE

City Salem State OR Zip Code 97306-2526

Purpose of Disbursement  
FEA Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E11699

Date of Disbursement

/   /

Amount of Each Disbursement this Period

FEA PAYROLL

**B.**

Full Name (Last, First, Middle Initial)  
Oregon Department of Revenue

Mailing Address P.O. Box 14800

City Salem State OR Zip Code 97309-0920

Purpose of Disbursement  
FEA payroll taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E14436

Date of Disbursement

/   /

Amount of Each Disbursement this Period

FEA PAYROLL TAXES

**C.**

Full Name (Last, First, Middle Initial)  
Oregon Department of Revenue

Mailing Address P.O. Box 14800

City Salem State OR Zip Code 97309-0920

Purpose of Disbursement  
FEA payroll taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 80930.E14446

Date of Disbursement

/   /

Amount of Each Disbursement this Period

FEA PAYROLL TAXES

**SUBTOTAL** of Disbursements This Page (optional) .....

**3118.96**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 23

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)  
Oregon Republican Party

<b>A.</b> Full Name (Last, First, Middle Initial) Cindy Taylor	<b>Transaction ID:</b> 80930.E11649 <b>Date of Disbursement</b>
Mailing Address 595 Rockwood St SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 1 / 2 0 0 5</div> </div>
City Salem State OR Zip Code 97306-1756	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Payroll Candidate Name	<div>945.51</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <b>FEA PAYROLL</b>  <div>Category/Type</div> </div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Cindy Taylor	<b>Transaction ID:</b> 80930.E11700 <b>Date of Disbursement</b>
Mailing Address 595 Rockwood St SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 0 5</div> </div>
City Salem State OR Zip Code 97306-1756	Amount of Each Disbursement this Period
Purpose of Disbursement FEA Payroll Candidate Name	<div>945.52</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <b>FEA PAYROLL</b>  <div>Category/Type</div> </div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Cindy Taylor	<b>Transaction ID:</b> 80930.E11748 <b>Date of Disbursement</b>
Mailing Address 595 Rockwood St SE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 9 / 2 0 0 5</div> </div>
City Salem State OR Zip Code 97306-1756	Amount of Each Disbursement this Period
Purpose of Disbursement FEA payroll Candidate Name	<div>945.50</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <b>FEA PAYROLL</b>  <div>Category/Type</div> </div>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

**2836.53**

**TOTAL** This Period (last page this line number only) .....

**17231.32**

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 15 / 23

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
Oregon Republican Party

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Aristotle

Nature of Debt (Purpose):  
Computer Support

Mailing Address 205 Pennsylvania Ave SE

City State ZIP Code  
Washington DC 20003-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS81013.E15230

Amount Incurred This Period

1950.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1950.00

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
FLS Connect

Nature of Debt (Purpose):  
Message Phone Calls OGOP

Mailing Address 7320 N Dreamy Draw Dr

City State ZIP Code  
Phoenix AZ 85020-5212

Outstanding Balance Beginning This Period

6736.70

Transaction ID: LS80930.E11763

Amount Incurred This Period

11594.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18330.70

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Direct Mail Systems, Inc

Nature of Debt (Purpose):  
List Management Service  
OGOP

Mailing Address 12450 Automobile Boulevard

City State ZIP Code  
Clearwater FL 34622-

Outstanding Balance Beginning This Period

7064.49

Transaction ID: LS80930.E11771

Amount Incurred This Period

1225.85

Payment This Period

0.00

Outstanding Balance at Close of This Period

8290.34

1) **SUBTOTALS** This Period This Page (optional).....

28571.04

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 16 / 23

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Oregon Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Computer VillageNature of Debt (Purpose):  
Computer Support

Mailing Address 4075 76th Ave NE

City State ZIP Code  
Salem OR 97305-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS81013.E15231

Amount Incurred This Period

389.25

Payment This Period

0.00

Outstanding Balance at Close of This Period

389.25

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Joan AustinNature of Debt (Purpose):  
Contribution Refund

Mailing Address PO Box 209

City State ZIP Code  
Newberg OR 97132-0209

Outstanding Balance Beginning This Period

1000.00

Transaction ID: LS81116.E15755

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Electric LightwaveNature of Debt (Purpose):  
Phone Service

Mailing Address PO Box 20553

City State ZIP Code  
Rochester NY 14602-

Outstanding Balance Beginning This Period

352.80

Transaction ID: LS80930.E11773

Amount Incurred This Period

348.73

Payment This Period

0.00

Outstanding Balance at Close of This Period

701.53

**1) SUBTOTALS** This Period This Page (optional).....

2090.78

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 17 / 23

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Oregon Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
LifeWiseNature of Debt (Purpose):  
Insurance

Mailing Address 815 SW Bond St

City State ZIP Code  
Bend OR 97702-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS81013.E15234

Amount Incurred This Period

572.20

Payment This Period

0.00

Outstanding Balance at Close of This Period

572.20

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Entertainment Communications NetworkNature of Debt (Purpose):  
List Management Service  
OGOP

Mailing Address 4370 Tujunga Ave Suite 210

City State ZIP Code  
Studio City CA 91604-

Outstanding Balance Beginning This Period

1131.35

Transaction ID: LS80930.E10026

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1131.35

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Capitol Accounting ServiceNature of Debt (Purpose):  
Compliance Consulting

Mailing Address PO Box 1304

City State ZIP Code  
Silverton OR 97381-

Outstanding Balance Beginning This Period

270.00

Transaction ID: LS80930.E10300

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

270.00

1) **SUBTOTALS** This Period This Page (optional).....

1973.55

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 18 / 23

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Oregon Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
AT&T WirelessNature of Debt (Purpose):  
Phone service

Mailing Address PO Box 30459

City State ZIP Code  
Los Angeles CA 90030-

Outstanding Balance Beginning This Period

67180.90

Transaction ID: LS80930.E11336

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

67180.90

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Connolly & GoldianNature of Debt (Purpose):  
added for audit - pregen  
report

Mailing Address PO Box 3095

City State ZIP Code  
Salem OR 97302-

Outstanding Balance Beginning This Period

864.00

Transaction ID: LS80930.E11533

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

864.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Eagle Crest ResortNature of Debt (Purpose):  
Facility Rental OGOP

Mailing Address PO Box 1215

City State ZIP Code  
Redmond OR 97756-

Outstanding Balance Beginning This Period

0.00

Transaction ID: LS81013.E15233

Amount Incurred This Period

378.43

Payment This Period

0.00

Outstanding Balance at Close of This Period

378.43

1) **SUBTOTALS** This Period This Page (optional).....

68423.33

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 19 / 23

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10NAME OF COMMITTEE (In Full)  
Oregon Republican Party**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Integra TelecomNature of Debt (Purpose):  
Phone Service

Mailing Address PO Box 34988

City State ZIP Code  
Seattle WA 98124-1988

Outstanding Balance Beginning This Period

612.20

Transaction ID: LS80930.E11780

Amount Incurred This Period

654.81

Payment This Period

0.00

Outstanding Balance at Close of This Period

1267.01

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Key Corporate CardNature of Debt (Purpose):  
Office Supplies/Travel/Fi-  
oral Expen

Mailing Address PO Box 9004

City State ZIP Code  
Des Moines IA 50368-9004

Outstanding Balance Beginning This Period

395.90

Transaction ID: LS81104.E15750

Amount Incurred This Period

650.52

Payment This Period

0.00

Outstanding Balance at Close of This Period

1046.42

1) **SUBTOTALS** This Period This Page (optional).....

2313.43

2) **TOTALS** This Period (last page this line number only).....

103372.13

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

103372.13

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 20 / 23  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

**A. Full Name (Last, First, Middle Initial)**  
 Certified Property

Mailing Address

PO Box 269

City	State	Zip Code
Salem	OR	97308-0269

Purpose of Disbursement:  
 Rent

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

83162.94

Date 

M	M
0	7

 / 

D	D
0	1

 / 

Y	Y	Y	Y
2	0	0	5

Transaction ID: H480930.E11670

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
855.00		4845.00		5700.00

855.00

4845.00

5700.00

**B. Full Name (Last, First, Middle Initial)**  
 Pitney Bowes Credit Corp

Mailing Address

P. O. Box 85460

City	State	Zip Code
Louisville	KY	40285-5460

Purpose of Disbursement:  
 Postage - GOP

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

83300.80

Date 

M	M
0	7

 / 

D	D
0	8

 / 

Y	Y	Y	Y
2	0	0	5

Transaction ID: H480930.E11673

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.44		36.50		42.94

6.44

36.50

42.94

**C. Full Name (Last, First, Middle Initial)**  
 Ricoh Customer Finance Corp.

Mailing Address

PO Box 310010273

City	State	Zip Code
Pasadena	CA	91110-0001

Purpose of Disbursement:  
 Office Supplies

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

83479.10

Date 

M	M
0	7

 / 

D	D
0	8

 / 

Y	Y	Y	Y
2	0	0	5

Transaction ID: H480930.E11696

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.75		151.55		178.30

26.75

151.55

178.30

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
888.19		5033.05		5921.24

888.19

5033.05

5921.24

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 21 / 23

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

**A. Full Name (Last, First, Middle Initial)**

Michelle Ashenfelter

## Mailing Address

2012 NE 15th

City State Zip Code

Portland OR 97212-

Purpose of Disbursement:  
Phone ExpenseCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 4111

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

83763.08

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	5

Transaction ID: H480930.E11701

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

42.60

241.38

283.98

**B. Full Name (Last, First, Middle Initial)**

DH &amp; Associates

## Mailing Address

PO Box 1083

City State Zip Code

Salem OR 97308-

Purpose of Disbursement:  
Compliance ConsultingCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 4111

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

86263.08

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	8	/	2	0	0	5

Transaction ID: H480930.E11704

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

375.00

2125.00

2500.00

**C. Full Name (Last, First, Middle Initial)**

Ricoh Customer Finance Corp.

## Mailing Address

PO Box 310010273

City State Zip Code

Pasadena CA 91110-0001

Purpose of Disbursement:  
Office SuppliesCategory/  
TypeActivity or Event Identifier:  
ADMINISTRATION B 4111

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

86581.08

Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	8	/	2	0	0	5

Transaction ID: H480930.E11705

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

47.70

270.30

318.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

465.30

2636.68

3101.98

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 22 / 23  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

**A. Full Name (Last, First, Middle Initial)**  
 Key Bank\*\*

Mailing Address

1500 Edgewater St NW

City State Zip Code

Salem OR 97304-

Purpose of Disbursement:  
 Bank Fees

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

86582.08

Date 07 / 30 / 2005

Transaction ID: H480930.E11716

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

0.15

0.85

1.00

**B. Full Name (Last, First, Middle Initial)**  
 Authnet Gateway Billing

Mailing Address

293 Boston Post Rd W Ste 220

City State Zip Code

Marlborough MA 01752-

Purpose of Disbursement:  
 Credit Card Fee

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

83246.46

Date 07 / 05 / 2005

Transaction ID: H481013.E15227

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1.50

8.50

10.00

**C. Full Name (Last, First, Middle Initial)**  
 CTS Holdings LLC

Mailing Address

c/o Key Bank 1500 Edgewater St NW

City State Zip Code

Salem OR 97304-

Purpose of Disbursement:  
 Credit Card Fee

Category/  
Type

Activity or Event Identifier:  
 ADMINISTRATION B 4111

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

83257.86

Date 07 / 06 / 2005

Transaction ID: H481013.E15228

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

1.71

9.69

11.40

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

3.36

19.04

22.40

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 23 / 23  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Oregon Republican Party

**A. Full Name (Last, First, Middle Initial)**

Discover Corporate Card

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

83236.46

## Mailing Address

PO Box 30423

City

State

Zip Code

Salt Lake City

UT

84130-0423

## Purpose of Disbursement:

Credit Card Fee

Category/  
Type

## Activity or Event Identifier:

ADMINISTRATION B 4111

Date

M M / D D / Y Y Y Y  
0 7 / 0 5 / 2 0 0 5

Transaction ID: H481013.E15229

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

11.03

62.49

73.52

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

11.03

62.49

73.52

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

1367.88

7751.26

9119.14